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**Volunteer Application**

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| Contact Information |
|  |
| Name |  |
| Street Address |  |
| City, State, ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

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| --- |
| Availability |
| During which hours are you available for volunteer assignments? |
|  |
| \_\_\_ Weekday mornings 9-12 |
| \_\_\_ Weekday afternoons 1-5\_\_\_ Weekends\_\_\_ Evening\_\_\_ Other |

How many hours a week would you like to volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Interests |
| How did you hear about The Women’s Collective?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tell us in which areas you are interested in volunteering: |
|  |
| \_\_\_ Prevention & outreach to the DC community |
| \_\_\_ Care & support for women living with HIV//AIDS |
| \_\_\_ General office work |
| \_\_\_ Fundraising/ Resource mobilization |
| \_\_\_ Grants  |
| \_\_\_ Newsletter production\_\_\_ Other |

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| Previous Volunteer Experience  |
| Summarize your previous volunteer experience.

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| Special Skills or Qualifications  |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
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| Transportation  |

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| --- | --- | --- |
| Do you have your own means of transportation? | [ ]  Yes | [ ]  No |
| Do you have a valid driver’s license? | [ ]  Yes | [ ]  No |
| Are you willing to drive? | [ ]  Yes | [ ]  No |

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| Person to Notify in Case of Emergency |
|  |
| Name |  |
| Street Address |  |
| City, State, ZIP Code |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

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| --- |
| Agreement and Signature |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. |
|  |
| Name (printed) |  |
| Signature |  |
| Date |  |

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| Our Policy |
| It is the policy of The Women’s Collective organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.**Submit your completed form and resume via email (****info@womenscollective.org****) or fax (202.483.7330).** *Thank you for completing this application form and for your interest in volunteering with us*. |

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Washington, DC 20002

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womenscollective.org